Low bone density is not always bisphosphonate deficiency

Low bone density is not a one-size-fits-all disorder. We need to carefully consider the diagnostic and therapeutic options before assuming that low bone density is osteoporosis.

B.F. MANDELL

TREATING THE RENAL PATIENT WHO HAS A FRACTURE: Opinion vs evidence

The patient with chronic renal disease who has a fracture remains a unique management challenge. Opinions on treatment abound, but without adequate evidence to back them up.

M. COCO

ACUTE PANCREATITIS: Problems in adherence to guidelines

Evidence-based guidelines on managing acute pancreatitis are available, but many physicians are not following them.

T. STEVENS, M.A. PARSI, AND R.M. WALSH

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Prasugrel for acute coronary syndromes: 707
Faster, more potent, but higher bleeding risk
Prasugrel (Effient) is faster and more consistent in its effects, but patients at high bleeding risk should still receive clopidogrel (Plavix).

L.D. LAZAR and A.M. LINCOFF

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Fragility fractures in chronic kidney disease: 715
An opinion-based approach
When a patient with chronic kidney disease suffers a fragility fracture, a key question is whether the patient has osteoporosis or, instead, renal osteodystrophy. Bone densitometry does not help in this distinction.

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Some patients need higher-than-expected doses of warfarin to reach their target INR. The cause can be acquired (poor compliance, drug interactions) or hereditary.

O. OSINBOWALE, M. AL MALKI, A. SCHADE, AND J.R. BARTHOLOMEW

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